

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

RELY ON YOUR BELIEFS FUND

ADDRESS (number and street) ▼

209 PENNSYLVANIA AVENUE, SE

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00344648

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

01

01

2015

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

06

30

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PAUL KILGORE

Signature of Treasurer

PAUL KILGORE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

13

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

RELY ON YOUR BELIEFS FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y 06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		103255.06
(b) Cash on Hand at Beginning of Reporting Period.....	103255.06	
(c) Total Receipts (from Line 19)	133411.65	133411.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	236666.71	236666.71
7. Total Disbursements (from Line 31)	151808.51	151808.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	84858.20	84858.20
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

RELY ON YOUR BELIEFS FUND

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
01 / 01 / 2015

To:

M M / D D / Y Y Y Y Y
06 / 30 / 2015
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

32600.00

32600.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

32600.00

32600.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

100500.00

100500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

133100.00

133100.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

311.65

311.65

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

133411.65

133411.65

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

133411.65

133411.65

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	76808.51	76808.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	76808.51	76808.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75000.00	75000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	151808.51	151808.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	151808.51	151808.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	133100.00	133100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	133100.00	133100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	76808.51	76808.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	311.65	311.65
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	76496.86	76496.86

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. Jeff Broin

Mailing Address 809 W 3rd St

City State Zip Code
Dell Rapids SD 57022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Poet

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : SA11AI.4450

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Tammie Broin

Mailing Address 809 W 3rd St

City State Zip Code
Dell Rapids SD 57022

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : SA11AI.4448

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Jed Manocherian

Mailing Address 18 E 50th St.

City State Zip Code
New York NY 10022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Woodbranch Investments

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : SA11AI.4373

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. Yael Manocherian

Mailing Address 18 E 50th St

City
New York

State Zip Code
NY 10022

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 11 / 2015

Transaction ID : SA11AI.4371

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Henry M Paulson Jr

Mailing Address 401 N Michigan Ave Ste 3250

City
Chicago

State Zip Code
IL 60611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Paulson Institute

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 11 / 2015

Transaction ID : SA11AI.4391

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. The Chickasaw Nation

Mailing Address 2020 Lonnie Abbott Blvd

City
Ada

State Zip Code
OK 74820

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.4573

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. Robert D Thomas

Mailing Address 1516 S Boston S 301

City State Zip Code
Tulsa OK 74119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Senior Star

Co-Founder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 29 2015

Transaction ID : SA11AI.4497

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2600.00

32600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. AMERICAN ACADEMY OF FAMILY PHYSICIANS POLITICAL ACTION COMMITTEE

Mailing Address 1133 CONNECTICUT AVE NW
 SUITE 1100

City State Zip Code
 WASHINGTON DC 20036

FEC ID number of contributing
federal political committee.

C C00411553

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / **26** / **2015**

Transaction ID : SA11C.4456

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1111 14TH STREET, NW
 SUITE 1100

City State Zip Code
 WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00000729

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / **30** / **2015**

Transaction ID : SA11C.4577

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 800 TENTH STREET, NW
 TWO CITYCENTER, SUITE 400

City State Zip Code
 WASHINGTON DC 20001

FEC ID number of contributing
federal political committee.

C C00106146

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / **29** / **2015**

Transaction ID : SA11C.4495

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

A. Full Name (Last, First, Middle Initial)
AMERICAN HOTEL AND LODGING ASSOCIATION POLITICAL ACTION COMMITTEE ('HOTELPAC')

Mailing Address 1201 NEW YORK AVENUE, NW
SIXTH FLOOR

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00001198

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / **02** / **2015**

Transaction ID : SA11C.4477

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
ANHEUSER-BUSCH COMPANIES INC. POLITICAL ACTION COMMITTEE

Mailing Address ONE BUSCH PLACE 202-7

City State Zip Code
ST. LOUIS MO 63118

FEC ID number of contributing
federal political committee.

C C00034488

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

03 / **26** / **2015**

Transaction ID : SA11C.4452

Amount of Each Receipt this Period

2500.00

C. Full Name (Last, First, Middle Initial)
AUTOMOTIVE FREE INTERNATIONAL TRADE PAC

Mailing Address 1625 PRINCE STREET
SUITE 225

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing
federal political committee.

C C00250399

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / **26** / **2015**

Transaction ID : SA11C.4454

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)

Mailing Address P.O. BOX 961039

City State Zip Code
FORT WORTH TX 76161

FEC ID number of contributing
federal political committee.

C C00235739

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / **09** / **2015**

Transaction ID : SA11C.4536

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. CENTENE CORPORATION POLITICAL ACTION COMMITTEE (CENTENE PAC)

Mailing Address CENTENE PLAZA 7700 FORSYTH BLVD.

City State Zip Code
ST. LOUIS MO 63105

FEC ID number of contributing
federal political committee.

C C00397851

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

04 / **29** / **2015**

Transaction ID : SA11C.4489

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. CERNER CORPORATION PAC

Mailing Address 2800 ROCKCREEK PARKWAY

City State Zip Code
KANSAS CITY MO 64117

FEC ID number of contributing
federal political committee.

C C00410589

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

04 / **02** / **2015**

Transaction ID : SA11C.4475

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. CSX CORPORATION GOOD GOVERNMENT FUND

Mailing Address 1331 PENNSYLVANIA AVE, NW, STE 560

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing
federal political committee.

C C00163832

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / **09** / **2015**

Transaction ID : SA11C.4532

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. DAIRY FARMERS OF AMERICA, INC. - DEPAC (DAIRY EDUCATIONAL POLITICAL ACTION COMMITTEE)

Mailing Address P.O. BOX 909700

City State Zip Code
KANSAS CITY MO 64190

FEC ID number of contributing
federal political committee.

C C00001388

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

03 / **11** / **2015**

Transaction ID : SA11C.4376

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 2980 FAIRVIEW PARK DRIVE

City State Zip Code
FALLS CHURCH VA 22042

FEC ID number of contributing
federal political committee.

C C00088591

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

04 / **02** / **2015**

Transaction ID : SA11C.4483

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. EXPRESS SCRIPTS INC. POLITICAL FUND (A/K/A EXPRESS SCRIPTS PAC)

Mailing Address 300 NEW JERSEY AVENUE NE
SUITE 600

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing
federal political committee.

C C00365072

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / **30** / **2015**

Transaction ID : SA11C.4568

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Mailing Address 1299 PENNSYLVANIA AVE NW
SUITE 900

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing
federal political committee.

C C00024869

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / **22** / **2015**

Transaction ID : SA11C.4560

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GROWTH ENERGY PAC

Mailing Address 777 N CAPITOL ST NE, SUITE 805

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing
federal political committee.

C C00475665

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / **30** / **2015**

Transaction ID : SA11C.4575

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 CONSTITUTION AVE. NW
 SUITE 500 WEST

City State Zip Code
 WASHINGTON DC 20001

FEC ID number of contributing
federal political committee.

C C00096156

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

04 / **02** / **2015**

Transaction ID : SA11C.4485

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 1615 L STREET, NW
 SUITE 900

City State Zip Code
 WASHINGTON DC 20036

FEC ID number of contributing
federal political committee.

C C00032698

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / **22** / **2015**

Transaction ID : SA11C.4556

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 1615 L STREET, NW
 SUITE 900

City State Zip Code
 WASHINGTON DC 20036

FEC ID number of contributing
federal political committee.

C C00032698

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / **30** / **2015**

Transaction ID : SA11C.4570

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. NAIOP-PAC

Mailing Address 2201 COOPERATIVE WAY 3RD FLOOR

City State Zip Code
HERNDON VA 20171

FEC ID number of contributing
federal political committee.

C C00233304

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / **11** / **2015**

Transaction ID : SA11C.4383

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. NATIONAL ASSOCIATION OF BROADCASTERS POLITICAL ACTION COMMITTEE (NABPAC)

Mailing Address 1771 N STREET NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing
federal political committee.

C C00009985

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / **09** / **2015**

Transaction ID : SA11C.4538

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Mailing Address 1212 NEW YORK AVE NW
SUITE 1100

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00283135

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / **11** / **2015**

Transaction ID : SA11C.4381

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE

Mailing Address 1125 EXECUTIVE CIRCLE

City State Zip Code
 IRVING TX 75038

FEC ID number of contributing
federal political committee.

C C00140061

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

04 / **29** / **2015**

Transaction ID : SA11C.4493

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. POET PAC

Mailing Address 4615 N LEWIS AVE

City State Zip Code
 SIOUX FALLS SD 57104

FEC ID number of contributing
federal political committee.

C C00450692

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / **11** / **2015**

Transaction ID : SA11C.4387

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. THE COCA-COLA COMPANY NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT

Mailing Address 1 COCA-COLA PLAZA NW

City State Zip Code
 ATLANTA GA 30313

FEC ID number of contributing
federal political committee.

C C00012468

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

04 / **02** / **2015**

Transaction ID : SA11C.4481

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

12500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. THE DOW CHEMICAL COMPANY EMPLOYEES PAC (DOWPAC)

Mailing Address 2030 DOW CENTER

City State Zip Code
MIDLAND MI 48674

FEC ID number of contributing
federal political committee.

C C00074096

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

04 / **02** / **2015**

Transaction ID : SA11C.4479

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. THE NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION ACTION COMMITTEE FOR RURAL ELECTRIFICA

Mailing Address 4301 WILSON BOULEVARD

City State Zip Code
ARLINGTON VA 22203

FEC ID number of contributing
federal political committee.

C C00002972

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / **11** / **2015**

Transaction ID : SA11C.4378

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. THOMPSON COBURN POLITICAL ACTION COMMITTEE

Mailing Address 1909 K STREET NW
SUITE 600

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing
federal political committee.

C C00550491

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / **30** / **2015**

Transaction ID : SA11C.4571

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

A. Full Name (Last, First, Middle Initial)
TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.

Mailing Address 430 FIRST STREET SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00002881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / **29** / **2015**

Transaction ID : SA11C.4491

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT

Mailing Address 700 13TH STREET NW, SUITE 350

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00010470

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / **22** / **2015**

Transaction ID : SA11C.4562

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
UNISYS CORPORATION EMPLOYEES PAC

Mailing Address 11720 PLAZA AMERICA DRIVE
TOWER III

City State Zip Code
RESTON VA 20190

FEC ID number of contributing
federal political committee.

C C00345603

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / **11** / **2015**

Transaction ID : SA11C.4374

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

3000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH)

Mailing Address 9900 BREN ROAD EAST

City	State	Zip Code
MINNETONKA	MN	55343

FEC ID number of contributing
federal political committee.**C** C00274431

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11C.4558

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City	State	Zip Code
ATLANTA	GA	30328

FEC ID number of contributing
federal political committee.**C** C00064766

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	11	/	2015

Transaction ID : SA11C.4509

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. WATERPAC - NATIONAL RURAL WATER ASSOCIATION POLITICAL COMMITTEE

Mailing Address 2915 SOUTH 13TH

City	State	Zip Code
DUNCAN	OK	73533

FEC ID number of contributing
federal political committee.**C** C00202184

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11C.4534

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

15000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. ZENECA INC. POLITICAL ACTION COMMITTEE

Mailing Address C/O ZENECA INC.

1800 CONCORD PIKE, PO BOX 15437

City

WILMINGTON

State

DE

Zip Code

19850

FEC ID number of contributing
federal political committee.

C

C00279455

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

Transaction ID : SA11C.4385

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

100500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. Keri Ann Hayes

Mailing Address 209 Pennsylvania Ave SE

City State Zip Code
 Washington DC 20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Fundraiser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 13 / 2015

Transaction ID : SA15.4138

Amount of Each Receipt this Period

311.65

Reimbursement for Personal Use of Phone

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

311.65

311.65

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. GMD Technologies

Mailing Address PO Box 3663

City Jackson State WY Zip Code 83001

Purpose of Disbursement
PAC IT Services

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 16 2015
Transaction ID : SB21B.4133

Amount of Each Disbursement this Period

112.50

Full Name (Last, First, Middle Initial)

B. GMD Technologies

Mailing Address PO Box 3663

City Jackson State WY Zip Code 83001

Purpose of Disbursement
PAC IT Services

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 16 2015
Transaction ID : SB21B.4135

Amount of Each Disbursement this Period

196.87

Full Name (Last, First, Middle Initial)

C. GMD Technologies

Mailing Address PO Box 3663

City Jackson State WY Zip Code 83001

Purpose of Disbursement
PAC IT Services

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 12 2015
Transaction ID : SB21B.4420

Amount of Each Disbursement this Period

168.76

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

478.13

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. GMD Technologies

Mailing Address PO Box 3663

City Jackson State WY Zip Code 83001

Purpose of Disbursement
PAC IT Services

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 29 2015
Transaction ID : SB21B.4554

Amount of Each Disbursement this Period

75.00

Full Name (Last, First, Middle Initial)

B. GMD Technologies

Mailing Address PO Box 3663

City Jackson State WY Zip Code 83001

Purpose of Disbursement
PAC IT Services

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 19 2015
Transaction ID : SB21B.4529

Amount of Each Disbursement this Period

75.00

Full Name (Last, First, Middle Initial)

C. Keri Ann Hayes

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
See Memo Entries

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 06 2015
Transaction ID : SB21B.4107

Amount of Each Disbursement this Period

697.59

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

847.59

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 47

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. Adelman Travel Group

Mailing Address 3424 S National Ave

City Springfield State MO Zip Code 65807

Purpose of Disbursement
PAC Travel Expenses

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 06 / 2015
Transaction ID : SB21B.4107.0

Amount of Each Disbursement this Period

532.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Professional Data Services, Inc.

Mailing Address 824 S Milledge Ave Ste 101

City Athens State GA Zip Code 30605

Purpose of Disbursement
PAC Compliance Services

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2015
Transaction ID : SB21B.4335

Amount of Each Disbursement this Period

3009.12

Full Name (Last, First, Middle Initial)

C. Professional Data Services, Inc.

Mailing Address 824 S Milledge Ave Ste 101

City Athens State GA Zip Code 30605

Purpose of Disbursement
PAC Compliance Services

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2015
Transaction ID : SB21B.4369

Amount of Each Disbursement this Period

1507.19

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4516.31

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 47

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. Professional Data Services, Inc.

Mailing Address 824 S Milledge Ave Ste 101

City Athens State GA Zip Code 30605

Purpose of Disbursement
PAC Compliance Services

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 30 2015**Transaction ID : SB21B.4458**

Amount of Each Disbursement this Period

1521.29

Full Name (Last, First, Middle Initial)

B. Professional Data Services, Inc.

Mailing Address 824 S Milledge Ave Ste 101

City Athens State GA Zip Code 30605

Purpose of Disbursement
PAC Compliance Services

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 29 2015**Transaction ID : SB21B.4499**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Professional Data Services, Inc.

Mailing Address 824 S Milledge Ave Ste 101

City Athens State GA Zip Code 30605

Purpose of Disbursement
PAC Compliance Services

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 02 2015**Transaction ID : SB21B.4531**

Amount of Each Disbursement this Period

1505.28

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4526.57

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. Restaurant Associates

Mailing Address PO Box 91337

City State Zip Code
Chicago IL 60693Purpose of Disbursement
PAC Event Catering

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 24 2015**Transaction ID : SB21B.4367**

Amount of Each Disbursement this Period

225.00

Full Name (Last, First, Middle Initial)

B. Restaurant Associates

Mailing Address PO Box 91337

City State Zip Code
Chicago IL 60693Purpose of Disbursement
PAC Event Catering

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 02 2015**Transaction ID : SB21B.4459**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

C. Restaurant Associates

Mailing Address PO Box 91337

City State Zip Code
Chicago IL 60693Purpose of Disbursement
PAC Event Catering

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 11 2015**Transaction ID : SB21B.4513**

Amount of Each Disbursement this Period

140.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

515.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 47

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. Restaurant Associates

Mailing Address PO Box 91337

City Chicago State IL Zip Code 60693

Purpose of Disbursement
PAC Event Catering

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2015
Transaction ID : SB21B.4564

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Thompson Communications

Mailing Address PO Box 5

City Marshfield State MO Zip Code 65706

Purpose of Disbursement
See Memo Entries

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2015
Transaction ID : SB21B.4357

Amount of Each Disbursement this Period

17197.18

Full Name (Last, First, Middle Initial)

C. Keri Ann Hayes

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
PAC Salary & Benefits

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2015
Transaction ID : SB21B.4357.0

Amount of Each Disbursement this Period

16223.76

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

17497.18

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

RELY ON YOUR BELIEFS FUND

[MEMO ITEM]

[MEMO ITEM]

8598.59

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

RELY ON YOUR BELIEFS FUND

8111.88

[MEMO ITEM]

M M / D D / Y Y Y Y
04 29 2015

8598.59

Three digital displays are shown, each with a date format. The first display shows '04' with two small squares above it. The second display shows '29' with two small squares above it. The third display shows '2015' with four small squares above it.

486.71

[MEMO ITEM]

8598.59

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

RELY ON YOUR BELIEFS FUND



8111.88

[MEMO ITEM]

8598.59

486.71

[MEMO ITEM]

8598.59

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

RELY ON YOUR BELIEFS FUND

8111.88

[MEMO ITEM]

MM / DD / YYYY

8598.59

MM / DD / YYYY
06 / 12 / 2015

Amount of Each Disbursement this Period

Disbursement Category	Amount
Amount of Each Disbursement this Period	486.71

[MEMO ITEM]

8598.59

[illegible]

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

RELY ON YOUR BELIEFS FUND



8111.88

[MEMO ITEM]

MM / DD / YYYY

163.66

163.66

327.32

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 19769

City Irvine State CA Zip Code 92623

Purpose of Disbursement
PAC Telephone

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 28 2015
Transaction ID : SB21B.4521

Amount of Each Disbursement this Period

163.79

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address PO Box 19769

City Irvine State CA Zip Code 92623

Purpose of Disbursement
PAC Telephone

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 28 2015
Transaction ID : SB21B.4555

Amount of Each Disbursement this Period

163.79

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address PO Box 19769

City Irvine State CA Zip Code 92623

Purpose of Disbursement
PAC Telephone

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 26 2015
Transaction ID : SB21B.4586

Amount of Each Disbursement this Period

163.79

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

491.37

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. Visa

Mailing Address PO Box 4512

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
See Memo Entries

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 03 2015
Transaction ID : SB21B.4344

Amount of Each Disbursement this Period

3237.09

Full Name (Last, First, Middle Initial)

B. Visa

Mailing Address PO Box 4512

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
PAC CC Service Fee

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 03 2015
Transaction ID : SB21B.4344.0

Amount of Each Disbursement this Period

58.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Bistro Bis

Mailing Address 15 E St NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
PAC Event Catering

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 03 2015
Transaction ID : SB21B.4344.5

Amount of Each Disbursement this Period

2075.52

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3237.09

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address PO Box 6463

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
PAC Telephone

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 03 2015
Transaction ID : SB21B.4344.6

Amount of Each Disbursement this Period

466.86

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Visa

Mailing Address PO Box 4512

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
See Memo Entries

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 12 2015
Transaction ID : SB21B.4405

Amount of Each Disbursement this Period

1181.81

Full Name (Last, First, Middle Initial)

C. Visa

Mailing Address PO Box 4512

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
PAC CC Service Fee

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 12 2015
Transaction ID : SB21B.4405.0

Amount of Each Disbursement this Period

58.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1181.81

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

RELY ON YOUR BELIEFS FUND

Category/
Type

582.99

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

M M / D D / Y Y Y Y
03 12 2015

Category/
Type

233.57

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Category/
Type

75.50

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. Visa

Mailing Address PO Box 4512

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
See Memo Entries

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 02 2015
Transaction ID : SB21B.4461

Amount of Each Disbursement this Period

1916.74

Full Name (Last, First, Middle Initial)

B. Senate Dining Room

Mailing Address US Capitol Building

City Washington State DC Zip Code 20001

Purpose of Disbursement
PAC Meals

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 02 2015
Transaction ID : SB21B.4461.0

Amount of Each Disbursement this Period

56.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Visa

Mailing Address PO Box 4512

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
PAC CC Service Fee

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 02 2015
Transaction ID : SB21B.4461.1

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1916.74

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 47

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. Martin Wine Cellar

Mailing Address 3827 Baronne St

City New Orleans State LA Zip Code 70115

Purpose of Disbursement
PAC Event Catering

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2015
Transaction ID : SB21B.4461.2

Amount of Each Disbursement this Period

573.29

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Loews Hotels

Mailing Address 667 Madison Avenue

City New York State NY Zip Code 10065

Purpose of Disbursement
PAC Lodging

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2015
Transaction ID : SB21B.4461.3

Amount of Each Disbursement this Period

947.12

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address PO Box 6463

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
PAC Telephone

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2015
Transaction ID : SB21B.4461.4

Amount of Each Disbursement this Period

233.57

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. Visa

Mailing Address PO Box 4512

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
See Memo Entries

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 11 / 2015
Transaction ID : SB21B.4511

Amount of Each Disbursement this Period

565.33

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address PO Box 6463

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
PAC Telephone

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 11 / 2015
Transaction ID : SB21B.4511.1

Amount of Each Disbursement this Period

381.13

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Senate Dining Room

Mailing Address US Capitol Building

City Washington State DC Zip Code 20001

Purpose of Disbursement
PAC Meals

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 11 / 2015
Transaction ID : SB21B.4511.2

Amount of Each Disbursement this Period

84.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

565.33

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

RELY ON YOUR BELIEFS FUND

A. Visa

00:

580.67

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. UPS

MM / DD / YYYY

00

35.63

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AT&T

00-

310.79

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

580.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. Dan Williams

Mailing Address 209 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
PAC Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 11 2015
Transaction ID : SB21B.4352

Amount of Each Disbursement this Period

800.50

Full Name (Last, First, Middle Initial)

B. Dan Williams

Mailing Address 209 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
PAC Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 11 2015
Transaction ID : SB21B.4354

Amount of Each Disbursement this Period

772.73

Full Name (Last, First, Middle Initial)

C. Dan Williams

Mailing Address 209 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
PAC Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 02 2015
Transaction ID : SB21B.4370

Amount of Each Disbursement this Period

727.73

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2300.96

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. Dan Williams

Mailing Address 209 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
PAC Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2015
Transaction ID : SB21B.4429

Amount of Each Disbursement this Period

727.73

Full Name (Last, First, Middle Initial)

B. Dan Williams

Mailing Address 209 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
PAC Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2015
Transaction ID : SB21B.4488

Amount of Each Disbursement this Period

727.73

Full Name (Last, First, Middle Initial)

C. Dan Williams

Mailing Address 209 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
PAC Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015
Transaction ID : SB21B.4522

Amount of Each Disbursement this Period

727.73

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2183.19

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. Dan Williams

Mailing Address 209 Pennsylvania Ave. SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
PAC Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 15 / 2015
Transaction ID : SB21B.4553

Amount of Each Disbursement this Period

727.73

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

727.73

76287.35

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN MCCAIN INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2015

Mailing Address 228 S WASHINGTON STREET SUITE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Transaction ID : SB23.4426Purpose of Disbursement
CONTRIBUTION

011

Amount of Each Disbursement this Period

Candidate Name

JOHN MCCAINCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: AZ

District: 00

5000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF KELLY AYOTTE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2015

Mailing Address PO BOX 937

City	State	Zip Code
MANCHESTER	NH	03105

Transaction ID : SB23.4363Purpose of Disbursement
CONTRIBUTION

011

Amount of Each Disbursement this Period

Candidate Name

KELLY AYOTTECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▼

State: NH

District: 00

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF KELLY AYOTTE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2015

Mailing Address PO BOX 937

City	State	Zip Code
MANCHESTER	NH	03105

Transaction ID : SB23.4366Purpose of Disbursement
CONTRIBUTION

011

Amount of Each Disbursement this Period

Candidate Name

KELLY AYOTTECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: NH

District: 00

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. GEORGIANS FOR ISAKSON

Mailing Address POST OFFICE BOX 250116

City ATLANTA	State GA	Zip Code 30325
-----------------	-------------	-------------------

Purpose of Disbursement
CONTRIBUTION

Candidate Name

JOHNNY ISAKSON

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

Transaction ID : SB23.4422

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. GRASSLEY COMMITTEE INC

Mailing Address PO BOX 1000

City DES MOINES	State IA	Zip Code 50304
--------------------	-------------	-------------------

Purpose of Disbursement
CONTRIBUTION

Candidate Name

CHARLES GRASSLEY

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : SB23.4565

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. KIRK FOR SENATE

Mailing Address PO BOX 2594

City CHICAGO	State IL	Zip Code 60690
-----------------	-------------	-------------------

Purpose of Disbursement
CONTRIBUTION

Candidate Name

MARK KIRK

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : SB23.4444

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. MISSOURI REPUBLICAN STATE COMMITTEE-FEDERAL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		11		2015

Mailing Address 105 E HIGH STREET/P. O. BOX 73

City	State	Zip Code
JEFFERSON CITY	MO	65101

Transaction ID : SB23.4355Purpose of Disbursement
CONTRIBUTION

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2015

Mailing Address 425 SECOND STREET NE

City	State	Zip Code
WASHINGTON	DC	20002

Transaction ID : SB23.4336Purpose of Disbursement
CONTRIBUTION

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

15000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		01		2015

Mailing Address 425 SECOND STREET NE

City	State	Zip Code
WASHINGTON	DC	20002

Transaction ID : SB23.4530Purpose of Disbursement
CONTRIBUTION - BUILDING FUND

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

15000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

35000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

A. TIM SCOTT FOR SENATE

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON	State SC	Zip Code 29407
--------------------	-------------	-------------------

Purpose of Disbursement
CONTRIBUTION

Candidate Name

TIMOTHY SCOTT

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: SC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2015

Transaction ID : SB23.4432

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. TIM SCOTT FOR SENATE

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON	State SC	Zip Code 29407
--------------------	-------------	-------------------

Purpose of Disbursement
CONTRIBUTION

Candidate Name

TIMOTHY SCOTT

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: SC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2015

Transaction ID : SB23.4433

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

75000.00
